

Harvest Student Ministry
Medical Release/Event Participation Form
January 1, 2011 - December 31, 2011

Every possible safety precaution will be taken by those in charge and every possible attempt will be made to contact the parent(s) or guardian(s) immediately in the event of injury or other emergency!

PLEASE PRINT

Date: ____/____/____

Student Information:

Name: _____ Age: _____ DOB: ____/____/____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

School: _____ Grade: _____

Health Insurance Information:

Insurance Company: _____

Policy #: _____ I.D. Number: _____

Primary Care Physician: _____ Physician's Phone # (____) _____

Medical Information:

Child's allergies, chronic illnesses, or other conditions, if any: _____

Medicines being taken (or most recently taken):

<u>Name</u>	<u>Dosage/Frequency</u>	<u>Termination Date</u>
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Please check:

My child may be given Tylenol My child may NOT be given Tylenol

Parent/Guardian Emergency Contact Information:

Parent/Guardian #1:

Name: _____ Home Phone # (____) _____

Work Phone # (____) _____ Cell/Pager # (____) _____

Parent/Guardian #2:

Name: _____ Home Phone # (____) _____

Work Phone # (____) _____ Cell/Pager # (____) _____

Secondary Contacts: (in the event of an emergency where the parent or guardian cannot be reached)

Name: _____ Phone # (____) _____

Name: _____ Phone # (____) _____

Name: _____ Phone # (____) _____

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I/We give consent for _____ (name of minor) to attend any Harvest Student Ministry events being sponsored by Harvest Bible Chapel of North Phoenix from the month of January 1, 2011 through December 31, 2011.

In the event that he/she is injured while under the care of Harvest Bible Chapel of North Phoenix and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, Harvest Bible Chapel of North Phoenix and its representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the events and do hereby release Harvest Bible Chapel of North Phoenix and its representatives from any liability due to accident or injury incurred by my child.

Parent/Guardian Signed: _____
